## KING COUNTY

## **LOBBYIST**

KING COUNTY OFFICE USE ONLY

(	516 3 <sup>rd</sup> Avenue, #410 Seattle, WA 98104 (206) 296-3824	Г	REGISTRATI	ION	L1			
1.	LOBBYIST NAME					1		
	PERMANENT BUSINESS ADDRESS							
	CITY STA	ATE		ZIP				
2.	TEMPORARY KING COUNTY ADDRE	SS			TELEPHON	IE		
					Permar Tempo			
3.	FOR WHICH YOU LOBBY)	R WHICH YOU LOBBY)			EMPLOYER'S OCCUPATION, BUSINESS OR DESCRIPTION OF PURPOSE OF ORGANIZATION			
4. PERSON OR ENTITY FOR WHOM YOU ACT AS A LOBBYIST:								
5.	NAME AND ADDRESS OF PERSON HAVING CUSTODY OF ACCOUNTS, RECEIPTS, BOOKS OR OTHER DOCUMENTS WHICH SUBSTANTIATE LOBBYIST REPORTS.			DESCRIPTION OF EMPLOYMENT (CHECK ONE BOX)  REGULAR EMPLOYEE  CONTRACT, RETAINER OR SIMILAR AGREEMENT  SOLE DUTY IS LOBBYING? (CHECK ONE BOX)				
				☐ Yes ☐ No				
6.	WHAT IS YOUR COMPENSATION FOR LOBBYING?			DOES EMPLOYER PAY ANY OF YOUR LOBBYING EXPENSES DIRECTLY? IF YES: EXPLAIN WHICH ONES:				
7. ARE YOU REIMBURSED FOR LOBBYING EXPENSES? EXPLAIN WHICH EXPENSES.  □ YES: \$ PER □ YES: I AM REIMBURSED FOR EXPENSES. □ NO: I AM NOT REIMBURSED FOR EXPENSES.								
8. HOW LONG DO YOU EXPECT TO LOBBY FOR THIS ORGANIZATION?□ PERMANENT LOBBYIST □ OTHER, EXPLAIN:								
9. IS YOUR EMPLOYER A BUSINESS OR TRADE ASSOCIATION OR SIMILAR ORGANIZATION WHICH LOBBIES ON BEHALF OF ITS MEMBERSHIP? IF "YES", ATTACH A LIST SHOWING THE NAME AND ADDRESS OF EACH MEMBER WHO HAS PAID THE ASSOCIATION FEES, DUES OR OTHER PAYMENTS OVER \$500 DURING EITHER OF THE PAST TWO YEARS OR EXPECTS TO PAY OVER \$500 THIS YEAR.  □ NO □ YES, THE LIST IS ATTACHED								
10. AREAS OF INTEREST, LOBBYING IS MOST FREQUENTLY CONCERNED WITH THE FOLLOWING SUBJECT MATTER:								
	BJECT MATTER		SUBJECT MATTE		CT MATTER			
	Agriculture & Forestry	_	Parks & Open Space					
	Management & Customer Service.		Unincorporated Are					
	Natural Resources		Utilities		& Justice			
	Budget and Fiscal Management Cultural Resources		3 ,		nan Services			
			o .	☐ Hou	•			
	Economic Development		Regional Water Qua	ality Litrans	□Transportation & Transit			
☐ Growth Management ☐ Technology  TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)								
Date registration ends: Employer's Name:  I understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future.								
CERTIFICATION: I HEREBY CERTIFY THAT THE ABOVE IS A TRUE, COMPLETE AND CORRECT STATEMENT.								
LOE	BBYIST'S SIGNATURE		DATE	EMPLOYER'S SIGNAT	URE (Printed Na	ame and Title)	DATE	